

# Pupil Residency Verification and Appeals

## 1. Summary of Chapter 309/95

Education Code Sections 48204.5 and 48204.6, Revenue and Taxation Code Section 97.3, and Section 5 of Chapter 309, Statutes of 1995, as added and amended by Chapter 309, Statutes of 1995, require any school district adjacent to an international border to make reasonable efforts, if a district employee reasonably believes that the parent or guardian of a pupil has provided false or unreliable evidence of residency, to determine that the pupil actually meets the residency requirements. In addition, Imperial and San Diego County Superintendents of Schools are prohibited from allocating funds to any school district that has not adopted an appeals procedure for a pupil whose parent or guardian has failed to adequately verify that the pupil meets residency requirements.

On June 24, 1999, the Commission on State Mandates determined that Chapter 309, Statutes of 1995, resulted in state mandated costs that are reimbursable pursuant to Part 7 (commencing with Government Code Section 17500) of Division 4 of Title 2.

## 2. Eligible Claimants

With the exception of community colleges, any school district, as defined in Government Code Section 17519, that is adjacent to an international border and incurs increased costs as a direct result of this mandate is eligible to claim reimbursement of these costs.

## 3. Appropriations

These claiming instructions are issued following the adoption of the amended parameters and guidelines by the Commission on State Mandates. Funding for payment of initial claims covering fiscal period August 3, 1995, through June 30, 1996, and fiscal years 1996-97, 1997-98, 1998-99, and 1999-00 may be available in a future appropriation act subject to the approval of the Legislature and the Governor.

To determine if this program is funded in subsequent fiscal years, refer to the schedule "Appropriation for State Mandated Cost Programs" in the *Annual Claiming Instructions for State Mandated Costs* issued in October of each year to county superintendents of schools and superintendents of schools.

### A. Reimbursement and Estimated Claims

A claimant may file a reimbursement and/or an estimated claim. A reimbursement claim details the costs actually incurred for a prior fiscal year. An estimated claim shows the costs to be incurred for the current fiscal year.

### B. Minimum Claim

Section 17564 (a) of the Government Code provides that no claim shall be filed pursuant to Section 17561 unless such a claim exceeds \$200 per program per fiscal year. However, any county superintendent of schools, as the fiscal agent for the district, may submit a combined claim in excess of \$200 on behalf of districts within the county even if an individual district's claim does not exceed \$200. A combined claim must show the individual claim costs for each school district. Once a combined claim is filed, all subsequent fiscal years relating to the same mandate must be filed in a combined form. The county superintendent receives the reimbursement payment and is responsible for disbursing funds to each participating district. A school district may withdraw from the combined claim form by providing the county superintendent and the State Controller's Office with a written notice of its intent to file a separate claim at least 180 days prior to the deadline for filing the claim.

#### **4. Filing Deadline**

##### **A. Initial Claims**

Pursuant to Government Code Section 17561, Subdivision (d)(3), initial claims must be filed within 120 days from the issuance date of claiming instructions. Accordingly:

Reimbursement claims detailing the actual costs incurred for the period August 3, 1995, through June 30, 1996, and the 1996-97, 1997-98, and 1998-99 fiscal years must be filed with the State Controller's Office and postmarked by August 29, 2000. If the reimbursement claim is filed after the deadline of August 29, 2000, the approved claim must be reduced by a penalty of 10%, not to exceed \$1,000. Claims filed more than one year after the deadline will not be accepted.

Estimated claims for costs to be incurred during the 1999-00 fiscal year must be filed with the State Controller's Office and postmarked by August 29, 2000. Timely filed estimated claims are paid before late claims. If a payment is received for the estimated claim, a 1999-2000 reimbursement claim must be filed by January 15, 2001.

##### **B. Annually Thereafter**

Refer to the item "Reimbursable State Mandated Cost Programs," contained in the cover letter for mandated cost programs issued annually in October that identifies the fiscal years for which claims may be filed. If an "x" is shown for the program listed under "19\_\_/19\_\_ Reimbursement Claim" and/or "19\_\_/20\_\_ Estimated Claim," claims may be filed as follows:

- (1) An estimated claim filed with the State Controller's Office must be postmarked by January 15 of the fiscal year in which the costs will be incurred. Timely filed estimated claims will be paid before late claims.

After having received payment for an estimated claim, the claimant must file a reimbursement claim by January 15 of the following fiscal year. If the school district fails to file a reimbursement claim, monies received for the estimated claim must be returned to the State. If no estimated claim was filed, the school district may file a reimbursement claim detailing the actual costs incurred for the fiscal year, provided there was an appropriation for the program for that fiscal year. For information regarding appropriations for reimbursement claims refer to the "Appropriation for State Mandated Cost Programs" in the previous fiscal year's annual claiming instructions.

- (2) A reimbursement claim detailing the actual costs must be filed with the State Controller's Office and postmarked by January 15 following the fiscal year in which the costs will be incurred. If the claim is filed after the deadline but by January 15 of the succeeding fiscal year, the approved claim must be reduced by a late penalty of 10%, not to exceed \$1,000. Claims filed more than one year after the deadline will not be accepted.

#### **5. Reimbursable Activities**

For each eligible claimant, all direct and indirect costs of labor, materials and supplies, contract services, equipment, training, and travel for the following activities only are eligible for reimbursement:

##### **A. Determination of Pupil's Residency**

Any reasonable effort to determine a pupil's residency, if the verification occurs at a time other than the annual residency verification required under Title 5, California Code of Regulations, Section 432.

**B. Adoption of Appeal Procedure**

The one-time activity of adopting an appeals procedure, substantially similar to Mountain Empire Unified School District's<sup>1</sup>, for pupils who fail to adequately verify their residency.

**C. On-going Activities**

On-going activities related to the appeals procedure for pupils who fail to adequately verify their residency, including:

- (1) Notifying a pupil 18 years or older or the parent or guardian of a pupil under 18 years of age of the administrative determination that the pupil failed to adequately verify residency.
- (2) Receipt and evaluation of the request to appeal the proposed exclusion of the pupil.
- (3) Arranging and conducting a formal conference to discuss the proposed exclusion of the pupil.
- (4) Providing the pupil or parent/guardian, for inspection purposes only, the documentation supporting the administrative determination that the pupil failed to adequately verify residency.
- (5) Providing a written report of the final decision to a pupil 18 years or older, or the parent/guardian of a pupil under 18 years of age, and the governing board.

**6. Reimbursement Limitations**

- A.** Any offsetting savings or reimbursement the claimant received from any source including, but not limited to, service fees collected under the Public Records Act (Gov. Code § 6250, et al.), federal funds, and other state funds as a direct result of this mandate shall be identified and deducted so only net local cost is claimed.
- B.** Any portion of the \$147,575 appropriated by Chapter 309, Statutes of 1995, for allocation to the Imperial and San Diego County Superintendents of Schools shall be treated as an offset.
- C.** Chapter 309, Statutes of 1995, Subdivision (b), authorized an annual appropriation in the Budget Act for subsequent fiscal years for this purpose. These funds shall be treated as an offset.

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<sup>1</sup> Appeal to the Governing Board

Any parent or guardian who receives determination of non-residency from the hearing officer may appeal such ruling to the Governing Board. Such appeal must be filed within ten (10) days of the hearing officer's decision. Such appeal must be presented to the District Superintendent within the ten-day period. If not so represented, the hearing officer's decision regarding exclusion shall become final.

Any parent or guardian who files an appeal with the Governing Board shall be accorded the following rights:

- 1) The child may continue to attend school during the period of the appeal.
- 2) The parent or guardian shall have the right to have a representative present to assist in presenting the appeal to the Governing Board.
- 3) The parent or guardian shall have the right to give rebuttal to any evidence and to question any witness presented by the District.
- 4) The parent or guardian shall have the right to present oral and/or documentary evidence on the child's behalf, including witnesses.

The appeal before the Governing Board shall be limited to a review of all evidence that was considered at the time of the administrative hearing. Except in cases where good cause is shown, the Governing Board will not reopen the record to consider evidence or argument that was not presented at the time of the administrative hearing. The decision of the Governing Board shall be final. Such decision shall be mailed to the parent or guardian as soon as practical following the conclusion of the appeal process.

## 7. Claim Forms and Instructions

The diagram, "Illustration of Claim Forms," provides a graphical presentation of forms required to be filed with a claim. A claimant may submit a computer generated report in substitution for forms PRVA-1 and PRVA-2 provided the format of the report and data fields contained within the report are identical to the claim forms included in these instructions. The claim forms provided with these instructions should be duplicated and used by the claimant to file estimated or reimbursement claims. The State Controller's Office will revise the manual and claim forms as necessary.

### A. Form PRVA-2, Component/Activity Cost Detail

This form is used to segregate the detailed costs by claim component. A separate form PRVA-2 must be completed for each cost component being claimed. Costs reported on this form must be supported as follows:

#### (1) Salaries and Benefits

Identify the employee and/or show the classification of each employee involved. Describe the mandated functions performed by each employee and specify the actual time spent, the productive hourly rate, and related fringe benefits.

Reimbursement of personnel services includes compensation paid for salaries, wages, and employee fringe benefits. Employee fringe benefits include regular compensation paid to an employee during periods of authorized absences (e.g., annual leave, sick leave) and the employer's contribution to social security, pension plans, insurance, and workers' compensation insurance. Fringe benefits are eligible for reimbursement when distributed equitably to all job activities that the employee performs.

Source documents required to be maintained by the claimant may include, but are not limited to, employee time records that show the employee's actual time spent on this mandate.

#### (2) Materials and Supplies

Only expenditures that can be identified as a direct result of this mandate may be claimed. List the cost of materials consumed or expended specifically for the purpose of this mandate. The cost of materials and supplies that are not used exclusively for the mandate is limited to the pro rata portion used to comply with this mandate. Purchases shall be claimed at the actual price after deducting cash discounts, rebates, and allowances received by the claimant. Supplies that are withdrawn from inventory shall be charged based on a recognized method of costing, consistently applied.

Source documents required to be maintained by the claimant may include, but are not limited to, invoices, receipts, purchase orders, and other documents evidencing the validity of the expenditures.

#### (3) Contract Services

Contract services approved by the school district's governing body are reimbursable. Give the name of the contractor who performed the services. Describe the activities performed by each named contractor, actual time spent on this mandate, inclusive dates when services were performed, and itemize all costs for services performed. Attach consultant invoices with the claim.

Source documents required to be maintained by the claimant may include, but are not limited to, contracts, invoices, and other documents evidencing the validity of the expenditures.

#### (4) Fixed Assets

List the purchase price of equipment and other capital assets acquired specifically for the purpose of this mandate. Purchase price includes taxes, delivery, and installation costs. Explain the use of each asset. If the asset is acquired for the subject mandate, but is utilized

in some way not directly related to the program, only the prorated portion of the asset that is used for purposes of this program is reimbursable.

Source documents required to be maintained by the claimant may include, but are not limited to, invoices, receipts, purchase orders, and other documents evidencing the validity of the purchases.

(5) Travel

Travel expenses for mileage, per diem, lodging, and other employee entitlements are reimbursable in accordance with the rules of the local jurisdiction. Give the name of the traveler, purpose of travel, inclusive dates, destination points, and costs.

Source documents required to be maintained by the claimant may include, but are not limited to, receipts, employee travel expense claims, and other documents evidencing the validity of the expenditures.

(6) Training

The cost of training for activities specified in 5A, B, and C may be claimed. Give the name of the training session, dates, location, and name of the employee attending training associated with this mandate. Reimbursable costs include salaries and benefits for time spent, the registration fee, transportation, lodging, and per diem.

Source documents may include, but are not limited to, employee travel expense claims, receipts, training agendas, and other documents evidencing the training expenses.

For audit purposes, all supporting documents must be retained for a period of two years after the end of the calendar year in which the reimbursement claim was filed or last amended, whichever is later. Such documents shall be made available to the State Controller's Office on request.

**B. Form PRVA-1, Claim Summary**

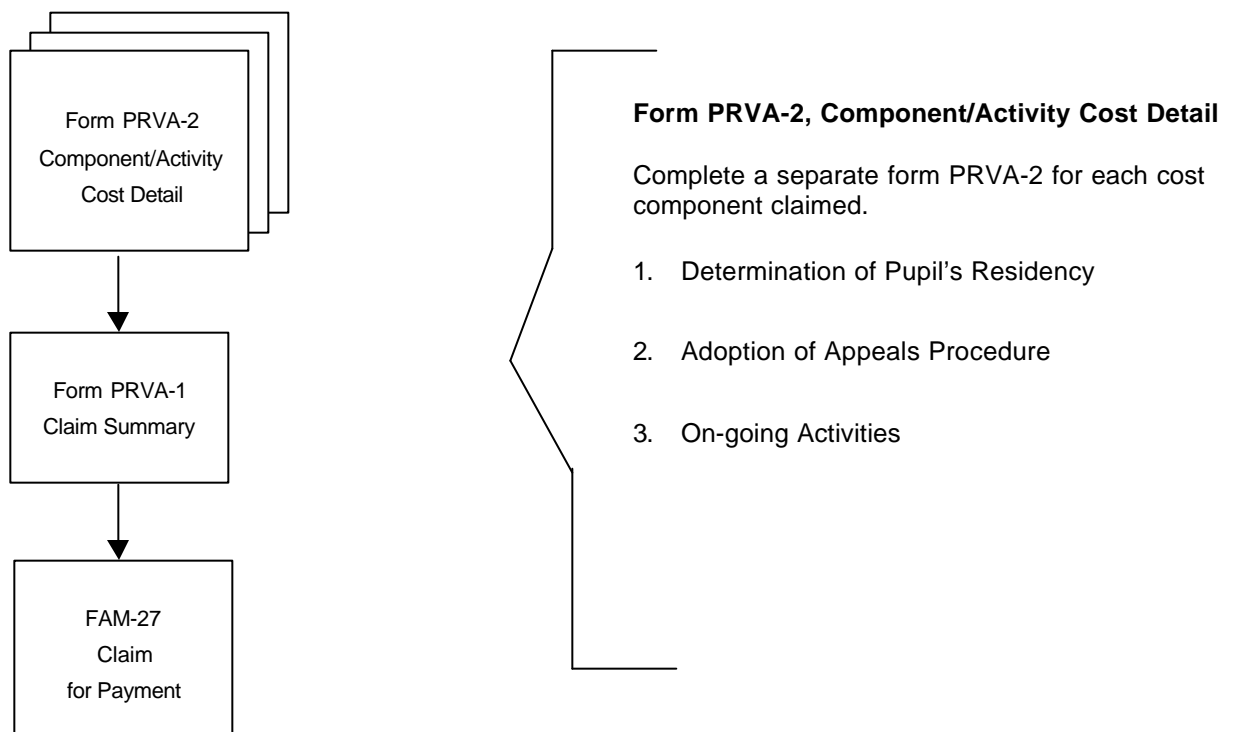
This form is used to summarize direct costs by cost component and compute allowable indirect costs for the mandate. Claim statistics shall identify the work performed for costs claimed. The claimant must give (1) the number of pupil residency verifications that occurred at a time other than the annual verification of residency required by Title 5, California Code of Regulations, Section 432, and (2) the number of appeals requested by parents who received a determination of non-residency in the fiscal year of costs.

School districts and local boards of education may compute the amount of indirect costs utilizing the State Department of Education's Annual Program Cost Data Report J-380 or J-580 rate, as applicable. The cost data on this form is carried forward to form FAM-27.

**C. Form FAM-27, Claim for Payment**

This form contains a certification that must be signed by an authorized representative of the local agency. All applicable information from form PRVA-1 must be carried forward to this form for the State Controller's Office to process the claim for payment.

## Illustration of Forms



<b>CLAIM FOR PAYMENT</b> <b>Pursuant to Government Code Section 17561</b> <b>PUPIL RESIDENCY VERIFICATION AND APPEALS</b>			<b>For State Controller Use Only</b> (19) Program Number 00182 (20) Date Filed ____/____/____ (21) LRS Input ____/____/____		<b>Program</b> <div style="font-size: 2em; font-weight: bold; margin-top: 5px;">182</div>
L A B E L  H E R E	(01) Claimant Identification Number			<b>Reimbursement Claim Data</b>	
	(02) Claimant Name			(22) PRVA-1, (03)(a)	
	County of Location			(23) PRVA-1, (03)(b)	
	Street Address or P.O. Box Suite			(24) PRVA-1, (04)(1)(f)	
	City State Zip Code			(25) PRVA-1, (04)(2)(f)	
				(26) PRVA-1, (04)(3)(f)	
<b>Type of Claim</b>	<b>Estimated Claim</b>	<b>Reimbursement Claim</b>	(27) PRVA-1, (06)		
	(03) Estimated <input type="checkbox"/>	(09) Reimbursement <input type="checkbox"/>	(28) PRVA-1, (07)		
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(29) PRVA-1, (09)		
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>			
<b>Fiscal Year of Cost</b>	(06) <b>20</b> ____/____ <b>20</b> ____	(12) <b>20</b> ____/____ <b>20</b> ____	(30) PRVA-1, (10)		
<b>Total Claimed Amount</b>	(07)	(13)	(31)		
Less: 10% Late Penalty, not to exceed \$1,000		(14)	(32)		
Less: Prior Claim Payment Received		(15)	(33)		
<b>Net Claimed Amount</b>		(16)	(34)		
<b>Due from State</b>	(08)	(17)	(35)		
<b>Due to State</b>		(18)	(36)		
<b>(37) CERTIFICATION OF CLAIM</b> <p>In accordance with the provisions of Government Code Section 17561, I certify that I am the officer authorized by the school district to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1098, inclusive.</p> <p>I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein, and such costs are for a new program or increased level of services of an existing program. All offsetting savings and reimbursements set forth in the Parameters and Guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.</p> <p>The amounts for this Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs set forth on the attached statements. I certify under penalty of perjury under the laws of the the State of California that the foregoing is true and correct.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%;">           Signature of Authorized Officer   <div style="border-bottom: 1px solid black; width: 100%; margin-top: 20px;"></div> </div> <div style="width: 35%;">           Date   <div style="border-bottom: 1px solid black; width: 100%; margin-top: 20px;"></div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;">           Type or Print Name  <div style="border-bottom: 1px solid black; width: 100%; margin-top: 5px;"></div> </div> <div style="width: 35%;">           Title  <div style="border-bottom: 1px solid black; width: 100%; margin-top: 5px;"></div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           (38) Name of Contact Person for Claim   <div style="border-bottom: 1px solid black; width: 100%; margin-top: 5px;"></div> </div> <div style="width: 50%;">           Telephone Number (    )    -    <b>Ext.</b>      <div style="border-bottom: 1px solid black; width: 100%; margin-top: 5px;"></div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;">           E-Mail Address  <div style="border-bottom: 1px solid black; width: 100%; margin-top: 5px;"></div> </div> <div style="width: 50%;"></div> </div>					

<b>Program</b> <b>182</b>	<b>PUPIL RESIDENCY VERIFICATION AND APPEALS</b> <b>Certification Claim Form</b> <b>Instructions</b>	<b>FORM</b> <b>FAM-27</b>
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- (01) Enter the payee number assigned by the State Controller's Office.
- (02) Enter your Official Name, County of Location, Street or P. O. Box address, City, State, and Zip Code.
- (03) If filing an estimated claim, enter an "X" in the box on line (03) Estimated.
- (04) If filing a combined estimated claim on behalf of districts within the county, enter an "X" in the box on line (04) Combined.
- (05) If filing an amended estimated claim, enter an "X" in the box on line (05) Amended.
- (06) Enter the fiscal year in which costs are to be incurred.
- (07) Enter the amount of the estimated claim. If the estimate exceeds the previous year's actual costs by more than 10%, complete form PRVA-1 and enter the amount from line (11).
- (08) Enter the same amount as shown on line (07).
- (09) If filing a reimbursement claim, enter an "X" in the box on line (09) Reimbursement.
- (10) If filing a combined reimbursement claim on behalf of districts within the county, enter an "X" in the box on line (10) Combined.
- (11) If filing an amended reimbursement claim, enter an "X" in the box on line (11) Amended.
- (12) Enter the fiscal year for which actual costs are being claimed. If actual costs for more than one fiscal year are being claimed, complete a separate form FAM-27 for each fiscal year.
- (13) Enter the amount of the reimbursement claim from form PRVA-1, line (11). The total claimed amount must exceed \$1,000.
- (14) Reimbursement claims must be filed by January 15 of the following fiscal year in which costs were incurred or the claims shall be reduced by a late penalty. Enter zero if the claim was timely filed, otherwise, enter the product of multiplying line (13) by the factor 0.10 (10% penalty), not to exceed \$1,000.
- (15) If filing a reimbursement claim or a claim was previously filed for the same fiscal year, enter the amount received for the claim. Otherwise, enter a zero.
- (16) Enter the result of subtracting line (14) and line (15) from line (13).
- (17) If line (16), Net Claimed Amount, is positive, enter that amount on line (17), Due from State.
- (18) If line (16), Net Claimed Amount, is negative, enter that amount on line (18), Due to State.
- (19) to (21) Leave blank.
- (22) to (36) Reimbursement Claim Data. Bring forward the cost information as specified on the left-hand column of lines (22) through (36) for the reimbursement claim, e.g., PRVA-1, (03)(a), means the information is located on form PRVA-1, block (03), line (a). Enter the information on the same line but in the right-hand column. Cost information should be rounded to the nearest dollar, i.e., no cents. Indirect costs percentage should be shown as a whole number and without the percent symbol, i.e., 7.548% should be shown as 8. **Completion of this data block will expedite the payment process.**
- (37) Read the statement "Certification of Claim." If it is true, the claim must be dated, signed by the agency's authorized officer, and must include the person's name and title, typed or printed. **Claims cannot be paid unless accompanied by an original signed certification. (To expedite the payment process, please sign the form FAM-27 with blue ink, and attach a copy of the form FAM-27 to the top of the claim package.)**
- (38) Enter the name, telephone number, and e-mail address of the person to contact if additional information is required.

**SUBMIT A SIGNED ORIGINAL, AND A COPY OF FORM FAM-27, WITH ALL OTHER FORMS AND SUPPORTING DOCUMENTS TO:**

***Address, if delivered by U.S. Postal Service:***

**OFFICE OF THE STATE CONTROLLER  
 ATTN: Local Reimbursements Section  
 Division of Accounting and Reporting  
 P.O. Box 942850  
 Sacramento, CA 94250**

***Address, if delivered by other delivery service:***

**OFFICE OF THE STATE CONTROLLER  
 ATTN: Local Reimbursements Section  
 Division of Accounting and Reporting  
 3301 C Street, Suite 500  
 Sacramento, CA 95816**



<b>Program</b> <b>182</b>	<b>MANDATED COSTS</b> <b>PUPIL RESIDENCY VERIFICATION AND APPEALS</b> <b>CLAIM SUMMARY</b>						<b>FORM</b> <b>PRVA-1</b>
(01) Claimant				(02) Type of Claim		Fiscal Year	
				Reimbursement <input type="checkbox"/> Estimated <input type="checkbox"/>		20__/20__	
<b>Claim Statistics</b>							
(03) (a) Number of pupils for whom residency verification was requested at a time other than the annual verification of residency required by Title 5, California Code of Regulations, §432.							
(b) Number of appeals requested due to determination of non-residency.							
<b>Direct Costs</b>							
(04) Reimbursable Components	(a)	(b)	(c)	(d)	(e)	(f)	
	Salaries and Benefits	Materials and Supplies	Travel and Training	Fixed Assets	Contract Services	Total	
1. Determination of Pupil's Residency							
2. Adoption of Appeals Procedure							
3. On-going Activities							
(05) Total Direct Costs							
<b>Indirect Costs</b>							
(06) Indirect Cost Rate				[From J-380 or J-580]			%
(07) Total Indirect Costs				[Line (06) x (Line (05)(a))]			
(08) Total Direct and Indirect Costs				[Line (05)(f) + Line (07)]			
<b>Cost Reduction</b>							
(09) Less: Offsetting Savings, if applicable							
(10) Less: Other Reimbursements, if applicable							
(11) Total Claimed Amount				[Line (08) – {(Line (09) + Line (10))}]			

<b>Program</b> <b>182</b>	<b>PUPIL RESIDENCY VERIFICATION AND APPEALS</b> <b>Certification Claim Form</b> <b>Instructions</b>	<b>FORM</b> <b>PRVA-1</b>
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- (01) Enter the name of the claimant.
- (02) Type of Claim. Check a box, Reimbursement or Estimated, to identify the type of claim being filed. Enter the fiscal year of costs.
- Form PRVA-1 must be filed for a reimbursement claim. Do not complete form PRVA-1 if you are filing an estimated claim and the estimate does not exceed the previous fiscal year's actual costs by more than 10%. Simply enter the amount of the estimated claim on form FAM-27, line (07). However, if the estimated claim exceeds the previous fiscal year's actual costs by more than 10%, form PRVA-1 must be completed and a statement attached explaining the increased costs. Without this information the estimated claim will automatically be reduced to 110% of the previous fiscal year's actual costs.
- (03) (a) Enter the number of pupils for whom residency verification was requested at a time other than the annual verification of residency required by Title 5, California Code of Regulations, Section 432.
- (b) Enter the number of appeals filed by parents or guardians who received a determination of non-residency.
- (04) Reimbursable Components. For each reimbursable component, enter the total from form PRVA-2, line (05), columns (d), (e), (f), (g), and (h) to form PRVA-1, block (04) columns (a), (b), (c), (d), and (e) in the appropriate row. Total each row.
- (05) Total Direct Costs. Total columns (a) through (f).
- (06) Indirect Cost Rate. Enter the indirect cost rate from the Department of Education form J-380 or J-580, as applicable for the fiscal year of costs.
- (07) Total Indirect Costs. Enter the result of multiplying the Indirect Cost Rate, line (06), by the Total Salaries and Benefits, line (05)(a).
- (08) Total Direct and Indirect Costs. Enter the sum of Total Direct Costs, line (05)(f), and Total Indirect Costs, line (07).
- (09) Less: Offsetting Savings, if applicable. Enter the total savings experienced by the claimant as a direct result of this mandate. Submit a detailed schedule of savings with the claim.
- (10) Less: Other Reimbursements, if applicable. Enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds, which reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.
- The test claim legislation appropriated \$147,575 from the General Fund to the Superintendent of Public Instruction to be allocated to the County Superintendent of Schools of Imperial and San Diego counties for the purpose of assisting school districts that are adjacent to the international border with pupil residency verification. Any portion of this additional allocation received by international border school districts shall be treated as an offset. Also, funds appropriated in the Budget Act in subsequent fiscal years for this purpose shall be treated as an offset.
- (11) Total Claimed Amount. Subtract the sum of Offsetting Savings, line (09), and Other Reimbursements, line (10), from Total Direct and Indirect Costs, line (08). Enter the remainder on this line and carry the amount forward to form FAM-27, line (13) for the Reimbursement Claim.

Program <div style="font-size: 2em; font-weight: bold; margin-top: 5px;">182</div>	<b>MANDATED COSTS</b> <b>PUPIL RESIDENCY VERIFICATION AND APPEALS</b> <b>COMPONENT/ACTIVITY COST DETAIL</b>	FORM PRVA-2
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(01) Claimant	(02) Fiscal Year Costs Were Incurred
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(03) Reimbursable Component: Check only **one** box per form to identify the component being claimed.

☐ Determination of Pupil's Residency
 ☐ Adoption of Appeals Procedure

☐ On-going Activities

(04) Description of Expenses: Complete columns (a) through (h).	<b>Object Accounts</b>
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(a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries and Benefits	(e) Materials and Supplies	(f) Travel and Training	(g) Fixed Assets	(h) Contract Services
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(05) Total <input type="checkbox"/> Subtotal <input type="checkbox"/> Page: ____ of ____						
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<b>Program</b> <b>182</b>	<b>PUPIL RESIDENCY VERIFICATION AND APPEALS</b> <b>CLAIM SUMMARY</b> <b>Instructions</b>	<b>FORM</b> <b>PRVA-2</b>
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- (01) Enter the name of the claimant.
- (02) No entry required.
- (03) Reimbursable Components. Check the box that indicates the cost component being claimed. Check only one box per form. A separate form PRVA-2 shall be prepared for each applicable component.
- (04) Description of Expenses. The following table identifies the type of information required to support reimbursable costs. To detail costs for the component activity box "checked" in block (03), enter the employee names, position titles, a brief description of the activities performed, actual time spent by each employee, productive hourly rates, fringe benefits, supplies used, contract services and travel expenses. **The descriptions required in column (4)(a) must be of sufficient detail to explain the cost of activities or items being claimed.** For audit purposes, all supporting documents must be retained by the claimant for a period of not less than three years after the date the claim was filed or last amended, whichever is later. If no funds were appropriated and no payment was made at the time the claim was filed, the time for the Controller to initiate an audit shall be three years from the date of initial payment of the claim. Such documents shall be made available to the State Controller's Office on request.

Object/ Sub object Accounts	Columns								Submit these supporting documents with the claim
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	
<b>Salaries</b>	Employee Name	Hourly Rate	Hours Worked	Salaries = Hourly Rate x Hours Worked					
<b>Benefits</b>	Title	Benefit Rate		Benefits = Benefit Rate x Salaries					
	Activities								
<b>Materials and Supplies</b>	Description of Supplies Used	Unit Cost	Quantity Used		Cost = Unit Cost x Quantity Used				
<b>Travel and Training</b>	Purpose of Trip Name and Title	Per Diem Rate	Days			Rate x Days or Miles			
	Departure and Return Date	Mileage Rate	Miles			Total Travel Cost			
	Employee Name and Title	Travel Cost	Travel Mode						
	Name of Class		Dates Attended			Registration Fee			
<b>Fixed Assets</b>	Description of Equipment Purchased Equipment ID	Unit Cost	Quantity Used				Cost = Unit Cost x Quantity Used		Invoices
<b>Contract Services</b>	Name of Contractor  Specific Tasks Performed	Hourly Rate	Hours Worked Inclusive Dates of Service					Cost = Hourly Rate x Hours Worked or Total Contract	Copy of Contract and Invoices

- (05) Total line (04), columns (d), (e), (f), (g), and (h) and enter the sum on this line. Check the appropriate box to indicate if the amount is a total or subtotal. If more than one form is needed to detail the component costs, number each page. Enter totals from line (05), columns (d), (e), (f), (g), and (h) to form PRVA-1, block (04), columns (a), (b), (c), (d) and (e) in the appropriate row.